



P.O. Box 50636
Knoxville, TN 37950
Phone: (865) 588-5422
Fax: (865) 588-6857

October 19, 2009

Erich Cleaver
KPDES Branch, Division of Water
Frankfort Office Park
14 Reilly Road
Frankfort, KY 40601



RE: Pilot Travel Centers LLC #048
Analytical Report for KYPDES Permit # KY0080764

CERTIFIED MAIL # 7006 3450 0000 6559 8028

Dear Mr. Cleaver,

Please receive the following analytical report as required for the re-issuance of the KPDES permit for the above referenced facility. Please feel free to contact me with any questions at 865-588-5422.

Thank you,

Canna Jones
Dynamis, Inc

enclosures
cc: Pilot Travel Centers

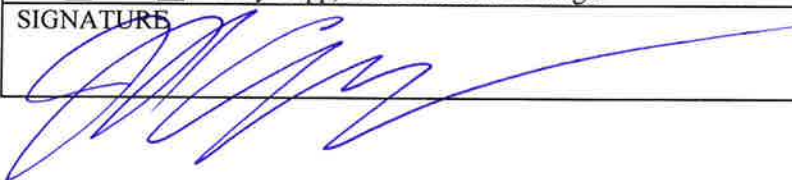
XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
Na	Na	Na

XII. EFFLUENT CHARACTERISTICS 048 Outfall 001			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD5	< 5.0 mg/L		1
TOTAL SUSPENDED SOLIDS	5 mg/L		1
FECAL COLIFORM	<10 cfu/ 100 mL		1
TOTAL RESIDUAL CHLORINE	0.00 mg/L		1
OIL AND GREASE	< 5.0 mg/L		1
CHEMICAL OXYGEN DEMAND	44 mg/L		1
TOTAL ORGANIC CARBON	9.3 mg/L		1
AMMONIA	0.84 mg/L		1
DISCHARGE FLOW	0.00864 MGD		1
pH	7.3		1
TEMPERATURE (WINTER)	n/a		
TEMPERATURE (SUMMER)	23.2 °C		1

B. Frequency and duration of flow:	Continuous
------------------------------------	------------

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Joey Cupp, Environmental Manager	865-588-7488
SIGNATURE	DATE
	10-08-09

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)
Na	Na	Na

XII. EFFLUENT CHARACTERISTICS Outfall 002


A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	< 5.0 mg/L		1
TOTAL SUSPENDED SOLIDS	5 mg/L		1
FECAL COLIFORM	<120 cfu/ 100 mL		1
TOTAL RESIDUAL CHLORINE	0.00 mg/L		1
OIL AND GREASE	< 5.0 mg/L		1
CHEMICAL OXYGEN DEMAND	43 mg/L		1
TOTAL ORGANIC CARBON	9.1 mg/L		1
AMMONIA	0.71 mg/L		1
DISCHARGE FLOW	0.00864 MGD		1
pH	7.1		1
TEMPERATURE (WINTER)	n/a		
TEMPERATURE (SUMMER)	22.5 °C		1

B. Frequency and duration of flow: Continuous

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Joey Cupp, Environmental Manager	TELEPHONE NUMBER (area code and number): 865-588-7488
SIGNATURE 	DATE 10-08-09